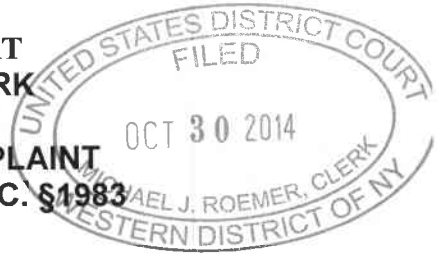


Revised 03/06 WDNV

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF NEW YORK

FORM TO BE USED IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983  
(Prisoners Complaint Form)



1. CAPTION OF ACTION

Amended Complaint  
Case 1:14-cv-00280-RJA

A. **Full Name And Prisoner Number of Plaintiff:** NOTE: *If more than one plaintiff files this action and seeks in forma pauperis status, each plaintiff must submit an in forma pauperis application and a signed Authorization or the only plaintiff to be considered will be the plaintiff who filed an application and Authorization.*

1. Romero Anderson #06A0077
2. Filed APR 17, 2014

VS

B. **Full Name(s) of Defendant(s)** NOTE: *Pursuant to Fed. R. Civ. P. 10(a), the names of all past names appear in the caption. The court may not consider a claim against anyone not identified in this section as a defendant. If you have more than six defendants, you may continue this section on another sheet of paper if you indicate below that you have done so.*

- |                  |          |
|------------------|----------|
| 1. T. Tamer Sgt. | 4. _____ |
| 2. _____         | 5. _____ |
| 3. _____         | 6. _____ |

2. STATE OF JURISDICTION

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. §1983. The Court has jurisdiction over the action pursuant to 28 U.S.C. §1331, 1343(3) and (4), and 2201.

3. PARTIES TO THIS ACTION

**PLAINTIFF'S INFORMATION** NOTE: *To list additional plaintiffs, use this format on another sheet of paper.*

Name and Prisoner Number of Plaintiff:

Present Place of Confinement Address:

Name and Prisoner Number of Plaintiff:

Present Place of Confinement Address:

Romero Anderson #06A0077  
Clinton Correctional Facility  
P.O. Box 2001 Dannemora 12929

**DEFENDANT'S INFORMATION NOTE:** *To list additional plaintiffs, use this format on another sheet of paper.*

Name of Defendant: T. Tamer

(If applicable) Official Position of Defendant: Sgt

(If applicable) Defendant is Sued in ☒ Individual and/or \_\_\_\_\_ Official Capacity

Address of Defendant: Clinton Corr facility P.O. Box  
2001 Dannemora 12929

Name of Defendant: \_\_\_\_\_

(If applicable) Official Position of Defendant: \_\_\_\_\_

(If applicable) Defendant is Sued in \_\_\_\_\_ Individual and/or \_\_\_\_\_ Official Capacity

Address of Defendant: \_\_\_\_\_

Name of Defendant: \_\_\_\_\_

(If applicable) Official Position of Defendant: \_\_\_\_\_

(If applicable) Defendant is Sued in \_\_\_\_\_ Individual and/or \_\_\_\_\_ Official Capacity

Address of Defendant: \_\_\_\_\_

#### **4. PREVIOUS LAWSUIT IN STATE AND FEDERAL COURT**

- A. Have you begun any other lawsuits in state or federal court dealing with the same facts involved in this action?  
Yes \_\_\_\_\_ No ☒

If Yes, complete the next section: NOTE: *If you have brought more than one lawsuit dealing with the same facts as this action, use this format to describe the other action(s) on another sheet of paper.*

1. Name(s) of the parties to this other lawsuit:  
Plaintiff(s): \_\_\_\_\_  
Defendant(s): \_\_\_\_\_
2. Court (If federal court, name the district; if state name the county): \_\_\_\_\_  
\_\_\_\_\_
3. Docket Number: \_\_\_\_\_
4. Name of Judge to whom case was assigned: \_\_\_\_\_

5. The approximate date the action was filed: \_\_\_\_\_

6. What was the Disposition of the case?

Is it still pending? Yes ☒ No \_\_\_\_\_

If not, give the approximate date it was resolved: \_\_\_\_\_

Disposition (check the statement which apply):

Dismissed (check the box which indicates why it was dismissed):

\_\_\_ By court *sus sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;

\_\_\_ By court for failure to exhaust administrative remedies;

\_\_\_ By court due to your voluntary withdrawal of claim;

Judgment upon motion or after trial entered for

\_\_\_ plaintiff

\_\_\_ defendant.

B Have you begun **any other lawsuits in federal court which relates to your imprisonment?**

Yes ☒ No \_\_\_\_\_

If Yes, complete the next section: NOTE: *If you have brought more than one lawsuit dealing with the same facts as this action, use this format to describe the other action(s) on another sheet of paper.*

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): \_\_\_\_\_

Defendant(s): \_\_\_\_\_

2. District Court: \_\_\_\_\_

3. Docket Number: \_\_\_\_\_

4. Name of Judge to whom case was assigned: \_\_\_\_\_

5. The approximate date the action was filed: \_\_\_\_\_

6. What was the disposition of the case? \_\_\_\_\_

Is it still pending? Yes \_\_\_ No \_\_\_

If not, give the approximate date it was resolved: \_\_\_\_\_

A. **FIRST CLAIM:** On (date of incident) On 6-9-12 Clinton C.f. Yard  
 defendant (give the **name and position held** of **each defendant** involved in this incident) I was

Waiting for the early go back from the yard  
Sgt and Co's employees fail to protect me in  
 Did the following to me (briefly state what each defendant named above did): Yard from getting  
Cut on my right side of my face. I was put in  
I.P.C. e-block 4 Company #12 Cell. → involved in this  
incident Sgt T. Tamer On 7-7-12 I had got Assaulted  
by Sgt T. Tamer and Co's from E-block Company.  
they beat me up and send me to Champlain  
Physicians Hospital. On 7<sup>th</sup> 3 Shift and Stolen my  
Personal Property from my cell. E-block 4 Company #12

The constitutional basis for this claim under 42 U.S.C. §1983 is: Sgt Tamer, I Fail to  
follow all facility regulations by protect my

The relief I am seeking for this claim is (briefly state the relief sought): Personal Property  
they Stolen my Property out my cell #e-4-12  
I never got no infraction for my property.

**Exhaustion of Your Administrative Remedies for this Claim:**

Did you grieve or appeal this claim? Yes ☒ No If yes, what was the result? I spend Seven  
Hundred Dollars. in 2012 at one time.

Did you appeal that decision? Yes ☒ No If yes, what was the result? at Clinton C.f.

*Attach copies of any decision that indicates that you have exhausted this claim.*

If you did not exhaust your administrative remedies, state why you did not do so: \_\_\_\_\_

B. **SECOND CLAIM:** On (date of incident) \_\_\_\_\_  
 defendant (give the **name and position held** of **each defendant** involved in this incident) \_\_\_\_\_

### AFFIDAVIT OF SERVICE

STATE OF NEW YORK )

COUNTY OF SULLIVAN ) ss.:  
from Chemung County

I, Romero Anderson #06A0077, being duly sworn, deposes and says, that I am the Petitioner herein, and that on the date of notarization indicated below, I have placed in a sealed, post-paid, wrapper a true and exact copy of the enclosed papers, Identified as:

\_\_\_\_\_, and Affidavit of Service, by placing same in U.S. Mailbox in Sullivan Correctional Facility for delivery to the United States Postal Service, and that such parcels were addressed to the parties indicated below:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Respectfully submitted,

Romero Anderson

Sullivan Correctional Facility  
P.O. Box - 116  
Fallsburg, N.Y. 12733-0116

Sworn to before me this

22 day of October, 2014

Christopher A. Karson  
**NOTARY - PUBLIC**  
CHRISTOPHER A. KARSON  
Notary Public, State of New York  
Ulster County, NYS Reg. # 01KA6024889  
Commission Expires May 17, 2015



**VERIFICATION**

STATE OF NEW YORK     )  
                                      ) ss.:  
COUNTY OF SULLIVAN    )

I, Romero Anderson, being duly sworn, deposes and say's:

I am the Petitioner in this action. I have read, and I am familiar with, the contents of the  
foregoing \_\_\_\_\_

\_\_\_\_\_ and the contents thereof is true to my own knowledge, except as to matters stated on information  
and belief and as to those matters I believe them to be true.

Dated: Oct 19, 2014

Respectfully Submitted,  
Romero Anderson  
Sullivan Correctional Facility  
325 Riverside Drive  
P.O. Box - 116  
Fallsburg, N.Y. 12733-0116

Sworn to before me this

19 day of October, 2014  
Ch Kar  
\_\_\_\_\_  
NOTARY PUBLIC

CHRISTOPHER A. KARSON  
Notary Public, State of New York  
Ulster County, NYS Reg. # 01KA6024869  
Commission Expires May 17, 2014